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Letters of Transmittal

To the Honourable
Garde B. Gardom
Lieutenant-Governor
Province of British Columbia

May It Please Your Honour:

I herewith present the Annual Performance Report for the Ministry for Children and Families for 2000/2001.

This report outlines that ministry's activities from April 1, 2000 to March 31, 2001 and is an accurate account of the achievements of the previous administration and fulfills my obligation as the current minister responsible.

Gordon Hogg
Minister

To the Honourable
Gordon Hogg
Minister

Dear Minister,

I have the honour to present the Annual Performance Report of the Ministry for Children and Families, which details the ministry's activities from April 1, 2000 to March 31, 2001.

Chris Haynes
Deputy Minister (Acting)

A Year in Review

Child Protection and Family Support

- A Promotion, Prevention and Early Support (PP&ES) strategy for 12 First Nations and three urban, Aboriginal child and family services programs were developed. The completion of an action plan for Aboriginal children was also a significant accomplishment during this fiscal year. A provincial steering committee and regional implementation teams are now in place and the ministry has approved two of the action plans.

- 25,000 calls were received through the British Columbia 's children's Help Line (310-1234) aiding thousands of youth and children. These calls came as a result of the aggressive advertising campaign conducted by the ministry. The key objective of the campaign was to inform children that they could now call direct from any place in the province, at any time to report neglect or abuse. A youth action committee was established to keep the ministry informed of issues that affect the quality of life for youth in care.

- 250 applications for adoption were received in response to the ministry's adoption recruitment campaign from October 17, 2000 to March 31, 2001. The total number of calls received in response to the campaign was 1,704 of which 1,022 attended the subsequent information and orientation sessions.

- A 10 per cent increase in payments to foster care parents was made during the fiscal year. The goal was to ensure that foster parents have sufficient financial resources to meet present and future cost-of-living increases.

- The Community Services and Program Support Division put a new utilization management strategy in place. The strategy is designed to enhance the service and placement alternative for each child in care, at the right time and for the right length of time. Each strategy has five components; prevention and reduction of the number of children in care, increase in adoption, an increase in the number of foster homes available, increased Aboriginal placements for Aboriginal children, and review committees who will adopt a best practices approach to enhance placement service for children and youth.

Early Childhood Development

- Internationally recognized health and policy expert, Dr. J. Fraser Mustard, was appointed as Advisor to the Children's Health and Development Office for the province. The ministry also established a Provincial Health Advisory Committee to provide direction and input.
- A Promotion, Prevention and Early Support (PP&ES) strategy to guide policy and service delivery was developed by the ministry. As a result, all eleven regions have PP&ES plans in place that reflect an integrated health goals approach.
- Three regions have instituted Early Childhood Development (ECD) sites that have successfully implemented the Make Children First: Learning Initiatives program. The program promotes a community-based infrastructure that delivers an integrated and comprehensive system for early childhood development.
- Six million dollars were allocated for improved access to early support services. The ministry is developing a way to monitor the distribution of these funds and to identify and document the impacts this funding has on children's access to early support services.

Youth Services

- Training was delivered to 217 staff members from 33 ministry offices to support the delivery of youth agreement programs. Fourteen specially trained regional staff delivered the training. By year-end, 161 at-risk youth had signed contracts and another 111 contracts were under development.

Mental Health and Addictions

- A $9.25 million commitment was made by the government to help addicted youth put their lives back together.
- A $10 million endowment was established to create the British Columbia Centre for Advancement of Addiction Knowledge and Practice. An additional $1 million was allocated to prevention with particular attention paid to fetal alcohol syndrome.
- Nearly 39,000 clients received support and intervention with their drug and alcohol addictions.

Community Living

- A $7.5 million increase in support services was established for parents who care for their adult children. The increase will help reduce wait lists for a range of community services including home support, activity programs, training and subsidized relief for family caregivers and residential care.

Recruitment

- As a result of the ministry's northern recruitment and retention initiative, 74 child protection workers recommitted to staying in the north. As well, seven new workers were recruited and five lateral transfers into the north of child protection workers took place.

Introduction

This document represents the first full year since the passage of the Budget and Transparency Act in 2000. In keeping with the act's provisions, the ministry is improving its capacity for tracking, monitoring and performance measurement. The ministry is working towards meeting all of the reporting criteria in future performance reviews.

The ministry made several significant accomplishments throughout the year that have not been noted in the previous Year at a Glance section. For example, the government announced an $8 million investment in Aboriginal children and their families. The money will go to early childhood development with the focus on helping children in urban communities by setting up community based networks of services.

One of the most significant initiatives undertaken by the ministry is the effort to return the responsibility for Aboriginal children to the First Nations. The ministry has systematically been negotiating agreements with Aboriginal communities that return the historic rights and responsibilities for child protection and family support to First Nations. To date 120 of the 197 reserve based communities now have, or are making progress towards, these agreements.

The ministry is working to negotiate similar agreements with Metis and urban Aboriginal organizations in British Columbia's major cities.

The ministry is also continuing the progress made under Building Blocks, a comprehensive network of early support services that include pregnancy outreach, dental and vision care and home visiting programs, where experienced parents help families deal with the challenges of raising healthy children.

Ministry staff worked closely with parents, service providers and other partners to design the pilot project and other new, early childhood programs – because the people and families in our communities know best what they need.

These are important improvements, but more still needs to be done to serve the children and families in the northern part of British Columbia. The ministry will focus on recruiting and retaining staff to help reduce workloads and establish stronger, more stable relationships between ministry, clients and community partners.

This is all a part of the ministries growing commitment to children's healthy development. And they are the beginning of a series of investments planned for the long term – to strengthen services for all children in British Columbia and their families.

Vision, Mission and Values

Vision

Healthy children, adults and families living in diverse and secure communities.

Mission

The primary purpose of the Ministry for Children and Families is reflected in the following ministry mission statement.

"The Ministry for Children and Families serves the people of British Columbia by ensuring a child-centered, integrated approach to service delivery that promotes and protects the healthy development of children and youth while recognizing their lifelong attachment to family and community. Communities and clients are an integral part of the work of this ministry. Quality assurance, accountability and openness are fundamental to its success."

Operating Principles and Values

The ministry develops and delivers programs based on the following operating principles and values.

- The ministry's responsibility to community safety and to the people we support, in particular the health, safety and well being of children and youth, continue to be paramount.
- Programs and services are responsive to the individual needs of children, youth, adults and their families.
- Children, youth, adults and their families have the opportunity, and are supported, to participate in decisions that affect their lives.
- Culturally competent service delivery is managed at the local level.
- Our partners in the community play a major role in planning and delivering services.

- The ministry is accountable for the effective, efficient and economic delivery of services provided by the service sector.
- Everyone will be treated with respect and dignity at all times.
- Staff, the service sector and other stakeholders are involved in decisions affecting the activities of the organization and should be fully informed about those activities and the clients it serves.
- The ministry strives to create a public sector that represents the diversity of the people of British Columbia and the clients it serves.

Legislation

The ministry delivers services under the following legislation:

- Adoption Act
- Child, Family and Community Service Act
- Human Resource Facility Act
- Social Workers Act
- Correction Act (Youth)
- British Columbia Benefits (Child Care) Act

Ministry Organization and Core Businesses

The Ministry for Children and Families consists of two distinct but inter-related components, regions and headquarters.

Regions

Services are delivered through 11 regions, each of which is headed by a regional executive director. Regional management functions include community services, child protection, community living, contract management, quality assurance, Aboriginal services, personnel and financial services.

An additional region, the Program Operations – Lower Mainland Region, is responsible for provincial facilities and programs that are hosted and managed in the lower mainland area.

The major functions of the regions are:

> conducting client, community and regional needs assessments

> providing and managing service delivery based on those assessments

> conducting regional planning, evaluation and reporting

> allocating and managing funding within each region

> being accountable to the public

> establishing effective, front-line complaints processes

> ensuring equitable access to services for a diverse population

> maintaining and enhancing regional stakeholder relationships

> establishing mandatory advisory committees that include families, youth and adults with developmental disabilities.

Headquarters

Headquarters, led by the deputy minister, provides central support for the ministry's operations. The functions of headquarters are:

> provide leadership by establishing provincial policies and standards

> establish outcome-based objectives and evaluation criteria

> audit procedures, policies and outcomes

> provide advice and support

> monitor for quality assurance and administrative fairness

> determine best practices

- maintain and enhance provincial stakeholder relationships
- implement contract reform
- provide organizational health and development services.

The five divisions within headquarters are:

1. Community Services and Program Support Division

This division oversees regional programs and services. It is responsible for resource management and Aboriginal relations. The division also develops and maintains policies and standards. It provides advice and support to the regions and their service providers on all ministry programs, with the exception of the child protection program.

2. Child Protection Division

This division develops and administers the policy and standards framework for the child protection program. This includes the quality assurance component of child protection services, including guardianship and adoption services.

3. Children's e Policy Centre and Chief Information Officer

This area is the centralized source for all information requests and manages the electronic data systems within the ministry. This division includes the Knowledge Desk, which helps staff share specialized knowledge and skills. The Children's e Policy Division also coordinates ministry records, manages Freedom of Information Act requests, data analysis, corporate policy and planning, complaints processes and intergovernmental relations. It also manages the legislative agenda.

4. Management Services Division

This division manages the ministry's finance requirements including; forecasting, capital planning and asset management, performance management and internal audit functions. It is also responsible for business continuity planning and security. Personnel services such as training and development, employment policy, ensuring employee equity, diversity and mentoring, anti-discrimination and employee multiculturalism issues are also part of its mandate.

5. Organizational Health Division

This division focuses on the overall successful functioning and alignment of the ministry and the services sector. It promotes and supports organizational health initiatives and fosters a culture of learning leadership and strong management practices. The division also resolves compensation issues and provides advice to the field on contract and labour relations matters.

Kootenays (1), Okanagan (2), Thompson/Cariboo (3), Upper Fraser (5), South Fraser (6), Simon Fraser/Burnaby (7), Coast/North Shore (9), Central/Upper Island (10), North (4), Vancouver/ Richmond (8), and Capital (11)

Organization and Core Businesses

Goals, Objectives, Strategies, Performance Measures and Results

1.
to promote the healthy development of children, youth and families.

2.
to protect children and youth from abuse, neglect and harm

3.
to support adults with developmental disabilities to live successfully and participate in the community.

4.
to ensure public safety.

5.
to support the achievement of the ministry's goals through innovative and responsive corporate programs.

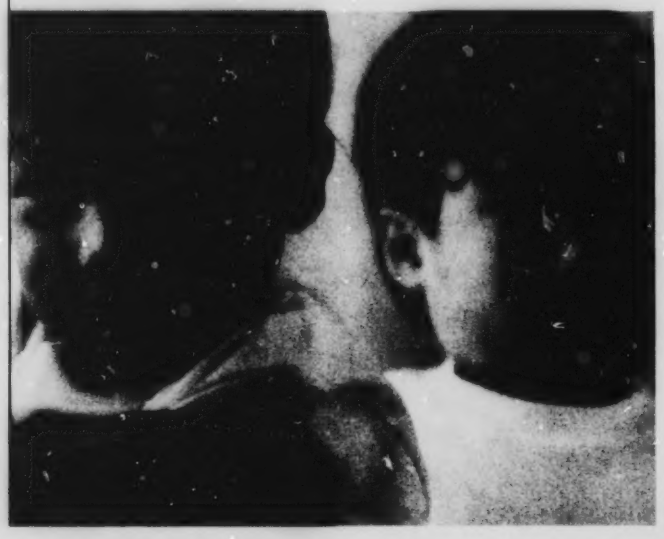
The Ministry's Promotion, Prevention, and Early Support (PP&ES) strategy focuses on the healthy development of infants, children, youth and their families in order to help prevent further problems that would subsequently require more intensive and expensive interventions. Over time the intent is to gradually increase resources for services that emphasize promotion, prevention and early support.

Goals, Objectives, Strategies and Accomplishments

The ministry's strategic plan rests on five goals that guide all ministry programming and service delivery:

1. To promote the healthy development of children, youth and families.
2. To protect children and youth from abuse, neglect and harm.
3. To support adults with developmental disabilities to live successfully and to participate in the community.
4. To ensure public safety.
5. To support the achievement of the ministry's program and service goals through innovative and responsive corporate support programs.

This Annual Performance Report details the major elements of the ministry's strategic plan and its accomplishments. Each of the five stated strategic goals includes one or more objectives and the strategies implemented to meet those objectives. Each strategy includes outputs and outcomes that have been stated here as performance measures. The Progress at Year's End section briefly summarizes the status or level of accomplishment as at fiscal year end, of each strategy in achieving its stated objective.



Objective 1.1: To optimize the health of babies at birth, of infants and of young children.

Strategy 1.1.1: Integrate evidence based Promotion, Prevention and Early Support (PP&ES) approaches into ministry policies and service delivery where appropriate.

Performance Measures:

- Ministry activities that incorporate a PP&ES focus.
- Rate of infant and child mortality
- Rate of low birth weight babies
- Overall rate of Sudden Infant Death Syndrome (SIDS) deaths
- Number of Aboriginal SIDS deaths.
- Rate of newborns born with Fetal Alcohol Syndrome (FAS).

Progress at Year's End:

The ministry's Promotion, Prevention and Early Support (PP&ES) strategy focuses on the healthy development of infants, children, youth and their families to help prevent further problems that would subsequently require more intensive and expensive interventions. Over time resources for services that emphasize PP&ES will be increased.

Together with the Ministry of Health, this ministry completed consultation and implementation of three policies for public health nursing; speech and audiology, nutrition and dental services. Work continues with the Ministries of Health and Education to improve services to children who have cochlear implants. The ministry is also developing a strategy for universal newborn screening. The ministry is currently consulting on a draft of a special needs policy framework.

In addition to these measures, the ministry began planning for 12 First Nations and three urban Aboriginal, child and family services programs. An action plan for Aboriginal children was a significant

development during this fiscal year. A provincial steering committee and regional implementation teams are now in place with the ministry approving two of the action plans.

Outcome measures used to determine the effects of strategies employed are as follows:

The rate of infant and child mortality rate in ages 1-14 years decreased as follows;

- **Infants** 1999 - 3.70 per thsd. Vs. 2000 - 3.68 per thsd.
- **Child (1- 4)** 1999 - 0.17 per thsd. Vs. 2000 - 0.14 per thsd.
- **Child (5-14)** 1999 - 0.12 per thsd. Vs. 2000 - 0.10 per thsd.

There was a slight increase in youth mortality rate:

- **Child (15-18)** 1999 - 0.49 per thsd. Vs. 2000 - 0.55 per thsd.

The rate of low birth-weight babies increased slightly over the previous year. In 2000 the rate was 51.04 per thousand live births as compared to 47.5 in 1999. The rate of Sudden Infant Death Syndrome (SIDS)deaths also increased in 2000 from 0.2 per thousand live births in 1999 to 0.25 in 2000. Over the last three years, cases of Aboriginal SIDS deaths dropped dramatically from 10 in 1997 to 0 in 2000. The rate of newborns with FAS has also decreased significantly from 0.12 per thousand live births in 1999 to 0.02 in 2000.

Strategy 1.1.2: Establish and begin to implement regional and/or community plans for Promotion, Prevention and Early Support (PP&ES)

Performance Measures:

- Number of regions with PP&ES plans developed that reflect an integrated and 'health goals' approach.
- Number of new PP&ES pilot projects established.
- Ministry policies implemented that use an integrated case management approach.
- Improved community capacity for PP&ES services.

Progress at Year's End:

The ministry developed a Promotion, Prevention and Early Support (PP&ES) strategy to guide policy and service delivery. As a result, all eleven regions have PP&ES plans in place that reflect an integrated health goals approach.

Three regions have early childhood development (ECD) learning sites that have successfully implemented the Make Children First: Learning Initiatives program. It promotes a community-based infrastructure that delivers an integrated and comprehensive system for early childhood development. Community capacity increased in PP&ES for children less than 5 years of age, and their families, in communities where it and the Building Blocks programs are in place.

GOAL 1:
To promote the healthy development of children, youth and families.

Objective 1.1: To optimize the health of babies at birth, of infants and of young children.

Strategy 1.1.1: Integrate evidence based Promotion, Prevention and Early Support (PP&ES) approaches into ministry policies and service delivery where appropriate.

Performance Measures:

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- Rate of infant and child mortality
- Rate of low birth weight babies
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- Number of Aboriginal SIDS deaths.
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Progress at Year's End:

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Integrated Case Management (ICM) refers to the process of working collaboratively when a child or youth and a family require services from more than one provider. The process includes joint assessment, planning, service delivery, monitoring, and review and is documented by a single, collaborative plan of care.

Funding has been allocated to find or develop a systems application that will allow staff, service partners and clients to document, track and monitor Integrated Case Management practices. The project is in a very early stage of development.

Various service sectors have included the role of ICM practices (e.g. special needs, youth services, secure care) in the development of policy to support service delivery.

The ministry continued with the implementation of the Integrated Case Management plan. Over 1,500 ministry staff received ICM training.

Objective 1.2: To optimize the health and well being of school-aged children.

Strategy 1.2.1: Continue to collaborate with the Ministry of Education and joint education partners to determine joint priorities and opportunities to improve school based program policies and services.

Performance Measures:

- Inter-ministry based policy reviews initiated.
- Clients receiving school based services.
- New and revised protocols for school-based services.
- Per cent of students in good health.

Progress at Year's End:

According to the McCreary Report of 1998, 85 per cent of students consider their health to be excellent or good. A school food and nutrition evaluation report, that will provide information for developing a comprehensive school health framework, is due in March 2002. Meanwhile, the ministry has updated five inter-ministry school based policy protocols and initiated five more. It is also developing data collection tools to determine the number of clients receiving school-based services.

A booklet entitled Life Threatening Food Allergies In School and Child Care Settings was produced and distributed to schools and parent advisory councils through the Ministry of Education.

Strategy 1.2.2: Develop a Child and Youth Mental Health (CYMH) policy framework.

Performance Measures:

- Provincial CYMH plan developed
- Early psychosis identification and intervention initiative.

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The ministry continued with the implementation of the Integrated Case Management plan. Over 1,500 ministry staff received ICM training.

Objective 1.2: To optimize the health and well being of aboriginal children.

Strategy 1.2.1: Continue to collaborate with the Ministry of Education and joint education partners to determine joint priorities and opportunities to improve school based program policies and services.

Performance Measures:

- Inter-ministry based policy reviews initiated.
- Clients receiving school based services.
- New and revised protocols for school-based services.
- Per cent of students in good health.

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According to the McCreary Report of 1998, 85 per cent of students consider their health to be excellent or good. A school food and nutrition evaluation report, that will provide information for developing a comprehensive school health framework, is due in March 2002. Meanwhile, the ministry has updated five inter-ministry school based policy protocols and initiated five more. It is also developing data collection tools to determine the number of clients receiving school-based services.

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Strategy 1.2.2: Develop a Child and Youth Mental Health (CYMH) policy framework.

Performance Measures:

- Provincial CYMH plan developed
- Early psychosis identification and intervention initiative.

- Clinical guidelines for suicide prevention.
- Framework and best practices guidelines for eating disorder prevention.
- Training strategy developed for the assessment and treatment of children and youth at risk of suicide.

- CYMH policies developed and implemented.
- Percent of children exhibiting emotional distress.
- Improved services for first break psychosis.
- Child and Youth suicides.

Progress at Year's End

The ministry refined and strengthened referral pathways and other supports for regional, inter-ministry, early psychosis identification committees. As well, the ministry completed clinical guidelines on early psychosis, advanced clinical training for clinicians in therapeutic approaches to early psychosis and completed the evaluation of regional and demonstration project initiatives.

The revision of a draft, mental health plan to include child and youth policy framework is underway as is the development of a business plan for the first two years of a five-year Mental Health Action Plan. The ministry also developed and implemented children and youth mental health policies and will continue policy development throughout the next fiscal year.

A training strategy was developed for the assessment and treatment of children and youth at risk for suicide. Thirty-nine people, including school counselors and mental health practitioners, received Train the Trainer training. Child and youth mental health clinicians received advanced clinical training. Child protection workers and foster parents received suicide prevention training as well. And a document describing clinical guidelines for suicide prevention is being published.

Complete data are not yet available on the number of children and youth who received mental health services. The ministry is, together with Ministry of Health and the regions, establishing a methodology of data collection from various contracted agencies delivering services. The child suicide rate of children 10 to14 years increased over the previous year, from 0.008 per thousand in1999 to 0.02 per thousand in 2000; while the rate of those 15 to 18 years declined slightly, from 0.07 per thousand in 1999 to 0.065 per thousand in 2000. Child and youth suicide rates historically vary greatly from year to year because of the very small numbers involved.

Research tells us that early childhood is the most critical time for investing in the long-term well being of our children. During the fiscal year, the ministry committed $9 million to support early childhood health and development.

Strategy 1.2.3: Continue to provide early intervention and support services for children and their families.

Performance Measures:

- Decreased waiting periods for clients for selected early intervention and support services

Progress at Year's End:

The ministry allocated $6 million towards achieving the goal of improved access to early support services for clients selected for early intervention and support. The ministry is developing a way to monitor the distribution of these funds and to identify the impacts this funding has on children's access to early support services. Children with special needs, aged six and under, will have immediate access to such services as speech-language therapy, occupational therapy, infant development programs and supported child-care.

Of the $9 million committed to support early childhood health and development, $1 million was invested in better support for children with autism and the remaining $2 million will be invested in new promotion, prevention and early support initiative for all children.

Public health nurses, throughout the province, delivered the High Priority Parenting Program to approximately 4,600 families. The ministry, in conjunction with the British Columbia Council of Families, also delivered the Nobody's Perfect parenting program throughout most British Columbia communities. Resource materials for this program were available for high need parents in a variety of languages. About 2,100 families received services from 120 different community-based agencies.

- To increase the number of adoptions of children who are in care.
- To provide services to birth families, children and adopting parents.

Based on an internal audit of the adoptions program, an action plan was developed for the ministry and all of the recommendations are being addressed. In the past year 148 children were placed with adoptive families and 79 families were approved for adoption of children with special needs.

Strategy 1.2.4: Develop a policy framework that will enhance the quality of adoption services provided by both ministry and private adoption agencies.

Performance Measures:

- Develop and implement a ministry action plan based on the internal audit of the adoptions program.
- Number of families available for adoptions.
- Number of completed adoptions.

Progress at Year's End:

Adoptions Services provides permanency planning and support programs for birth parents, adopting parents, infants and children with special needs. Adoption services are provided for children in the care of the ministry and for children whose birth parents are planning adoption for them. The Adoption Services' objectives are:

Strategy 1.3.1: Implement a youth policy framework to guide programs and services for high-risk youth.

Strategy 1.3.2: Implement youth agreements.

Performance Measures:

- Number of staff that have received youth agreement training.
- Number of youth agreements implemented.
- Number of youth receiving supports by type.
- Number of agencies that provide youth agreement services.

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Objective 1.3: To optimize the health and well being of youth.

Strategy 1.3.1: Implement a youth policy framework to guide programs and services for high-risk youth.

Strategy 1.3.2: Implement youth agreements.

Performance Measures:

- Number of staff that have received youth agreement training.
- Number of youth agreements implemented.
- Number of youth receiving supports by type.
- Number of agencies that provide youth agreement services.

> Number of high-risk youth that have made positive lifestyle changes.

Progress at Year's End:

The objectives of youth agreements are to assist youth to return home while ensuring their safety and well-being and to provide a plan for independence for those high-risk youth who cannot live at home. A youth agreement may provide one or more supports to a youth within a plan for independence. These supports can be residential, educational or other support services including contracted youth support workers. They may also include the financial assistance required to assist each youth in a successful transition to independence.

Youth agreements provide an alternative for high-risk youth ages 16 to 18 years, who are not served effectively by other programs nor by bringing them into care. Youth who require protection and guardianship services continue to receive these services. The target population includes (but is not limited to) those youth who experience violence, misuse of alcohol and drugs, risk of suicide or danger to self or others, living in relative or absolute homelessness, disconnection from family or other significant adults in their lives, family instability or failure to remain in school, work or day programs.

Over this past year a total of 217 staff were trained to deliver youth agreement programs from 33 ministry offices. Fourteen specially trained regional staff received Train the Trainer instruction. As of year end, 161 at risk youth had signed contracts and another 111 contracts were under development. In most cases a contracted support worker was an integral part of the process. To facilitate continual improvement, a province-wide reporting system was created to build a comprehensive inventory of youth services. Evaluation tools are also being developed to measure supports received through youth agreements and the Youth Supported Independent Living Program.

Objective 4: To optimize the health and well being of families with children.

Strategy 1.4.1: Continue to provide family support services.

Performance Measures:

> Establishment of self-help groups in support of numerous ministry family assistance programs.

> Establishment of family-help programs within the ministry.

> Provision of home support workers.

Progress at Year's End:

A continuum of family support services, related to their level of risk factors, is available to meet the needs of children and families. The objective of family support services is to assist families to acquire skills, achieve specific goals and address the factors that affect their capacity to parent. There is a range of preventive and support services that complement existing community resources:

- Parent self-help groups like Parents Together.
- Family enhancement worker programs.
- Family preservation programs.

- One-to-one child and youth care worker programs.
- Homemaker or home support workers and respite (these services may be provided to teach parenting in the home or meet another identified need within a family).

Objective 5: **To optimize the health and well being of children and youth with special needs.**

Strategy 1.5.1: **Continue to develop and implement the special needs policy framework and related policies, programs and services.**

Performance Measures:

> Percentage of special needs children with continuing agreements with plans of care.

> Percentage of CIC (children in care) with continuing care agreements and plans of care.

Progress at Year's End:

An estimated 14,500 children with special needs and their families received ministry services during the year. Research is underway to revise the information on children with special needs and their families receiving services. The data will include those on waitlists and the numbers of Aboriginal children and their families receiving services.

The Children and Youth Special Needs Policy Framework implementation plan is underway with its planned consultation. In order to reduce the waiting periods for clients to receive early intervention and support services, a process was developed to monitor the distribution and impacts of funds. A funds allocation model uses socio-economic factors such as the population of children 0-6 years (adjusted for Aboriginal population) and current budget. It involves consultation with numerous community agencies and partners.

Special funding was made available to service providers in the Thompson Cariboo, Kootenays and Simon Fraser regions to expand services in infant development, supported child care, occupational and physical therapy and speech-language pathology. A recruitment and training program for therapists in early intervention areas was also initiated province-wide.

> Number of high-risk youth that have made positive lifestyle changes.

Progress at Year's End:

The objectives of youth agreements are to assist youth to return home while ensuring their safety and well-being and to provide a plan for independence for those high-risk youth who cannot live at home. A youth agreement may provide one or more supports to a youth within a plan for independence. These supports can be residential, educational or other support services including contracted youth support workers. They may also include the financial assistance required to assist each youth in a successful transition to independence.

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Performance Measures:

> Establishment of self-help groups in support of numerous ministry family assistance programs.

> Establishment of family-help programs within the ministry.

> Provision of home support workers.

Progress at Year's End:

A continuum of family support services, related to their level of risk factors, is available to meet the needs of children and families. The objective of family support services is to assist families to acquire skills, achieve specific goals and address the factors that affect their capacity to parent. There is a range of preventive and support services that complement existing community resources:

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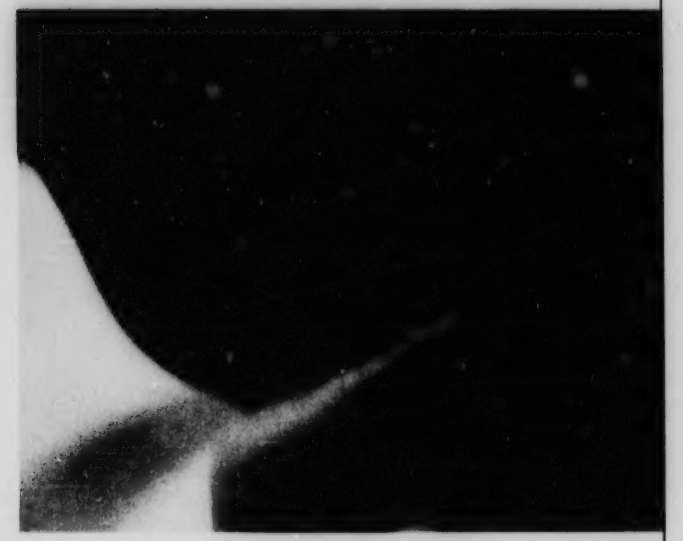
- Family preservation programs.



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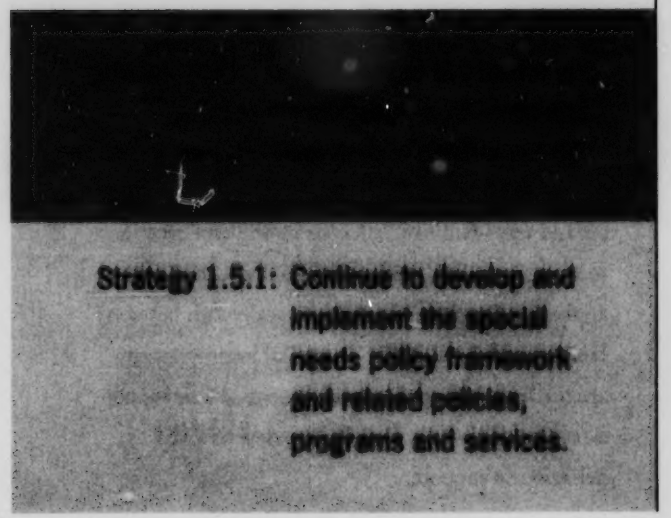
- Homemaker or home support workers and respite (these services may be provided to teach parenting in the home or meet another identified need within a family).



Strategy 1.5.1: Continue to develop and implement the special needs policy framework and related policies, programs and services.

Performance Measures:

> Percentage of special needs children with continuing agreements with plans of care.

> Percentage of CIC (children in care) with continuing care agreements and plans of care.

Progress at Year's End:

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Special funding was made available to service providers in the Thompson Cariboo, Kootenays and Simon Fraser regions to expand services in infant development, supported child care, occupational and physical therapy and speech-language pathology. A recruitment and training program for therapists in early intervention areas was also initiated province-wide.

Consultation began with urban Aboriginal organizations to identify and build upon effective Aboriginal services and to develop new elements needed to support a comprehensive, integrated and culturally responsive system for early childhood development. The ultimate goal is to create community-based networks of services that will help to promote child, family and community wellness and identify Aboriginal children six years and under who would benefit from early intervention and support.

Strategy 1.5.2: Continued implementation of Autism Action Plan.

Performance Measures:

- Number of plan deliverables achieved.
- Number of children and youth with autism receiving MCF services.
- Implementation of an early behavioural intervention pilot.

Progress at Year's End:

Approximately 1,300 children and youth (0-19 years) with autism received ministry services. The ministry developed a coordinated approach to behavioral supports, intervention and treatment, training, research and evaluation. Completed deliverables included the development of the following resources:

- Publication of autism resource directory.
- Training modules for parents and professional and early intervention staff now available in 16 sites in the province.

Early Intensive Behavioural Intervention (EIBI) is a one-to-one therapy and support program for autism spectrum disorder (ASD) for children under six and their families. It has been implemented in three regions. Early behavourial intervention was applied with about 100 children and youth between January and April 2001. Continual improvements are made including the development of a finalized screening tool and a plan for a review of EIBI behavioural support.

Strategy 2.1.1: Further enhance a policy framework to guide the ministry's approach to substance abuse issues.

Performance Measures:

- Number of alcohol and drug residential beds for children and youth.
- Number of clients receiving substance abuse services.
- Rate of alcohol related deaths.
- Rate of drug induced deaths.
- Reduced incidence of HIV and Hepatitis B and C.
- Rate of alcohol and other drug related accidents (from police and hospital records).
- Reduced number of apprehensions related to substance misuse.

Progress at Year's End:

Treatment needs of young people addicted to alcohol and other drugs differ from those of adults. As a result the ministry is expanding the range of options and services available specifically for youth including detox, intensive day treatment and programs tailored to meet the unique needs of Aboriginal youth and youth in custody facilities. With the goal of providing critical treatment close at hand for youth struggling with drug and alcohol addiction, new residential and day programs were funded in two regions of the province with others scheduled to follow in the near future. This was part of the ministry's $9.25 million commitment to help addicted youth across the province put their lives back together.

An addictions task force comprised of addictions experts and senior public servants, made recommendations to government. All six recommendations have been accepted. In addition to substance abuse, the report recognized gambling as also being a problematic addiction. The core recommendations centred on a coordinated approach to a comprehensive strategy implemented with local needs and resources in mind. To provide overall leadership, it was determined that an independent council guide the initiative. A key outcome was the creation of a $10 million endowment to create the British Columbia Centre for Advancement of Addiction Knowledge and Practice. Another $400,000 was allocated to prevention for fetal alcohol syndrome. A key partner in the process was the Kaiser Youth Foundation, which has funded and supported addiction services for over 16 years.

Consultation began with urban Aboriginal organizations to identify and build upon effective Aboriginal services and to develop new elements needed to support a comprehensive, integrated and culturally responsive system for early childhood development. The ultimate goal is to create community-based networks of services that will help to promote child, family and community wellness and identify Aboriginal children six years and under who would benefit from early intervention and support.

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Performance Measures:

- Number of plan deliverables achieved.
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Progress at Year's End:

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Objective 2.1: **To reduce substance abuse by children, youth and adults.**

Strategy 2.1.1: **Further enhance a policy framework to guide the ministry's approach to substance abuse issues.**

Performance Measures:

- Number of alcohol and drug residential beds for children and youth.
- Number of clients receiving substance abuse services.
- Rate of alcohol related deaths.
- Rate of drug induced deaths.
- Reduced incidence of HIV and Hepatitis B and C.
- Rate of alcohol and other drug related accidents (from police and hospital records).
- Reduced number of apprehensions related to substance misuse.

Progress at Year's End:

Treatment needs of young people addicted to alcohol and other drugs differ from those of adults. As a result the ministry is expanding the range of options and services available specifically for youth including detox, intensive day treatment and programs tailored to meet the unique needs of Aboriginal youth and youth in custody facilities. With the goal of providing critical treatment close at hand for youth struggling with drug and alcohol addiction, new residential and day programs were funded in two regions of the province with others scheduled to follow in the near future. This was part of the ministry's $9.25 million commitment to help addicted youth across the province put their lives back together.

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Female addicts were recognized for their specific needs through a specialized program in Prince Rupert where they are given drug and alcohol education, access to self-help groups and referrals to other community services. The Prince Rupert Transition House provided beds, a safe environment and facilities for participants' children to be with them while they were in recovery.

During Drug Awareness Week the ministry announced three initiatives that would benefit addicts, community support agencies and alcohol and drug prevention workers. An online edition of the Directory of Addiction Services in British Columbia gives greater access of resources to professionals who work in the fields of substance misuse and problem gambling. Grants were provided to communities to identify and meet local prevention and health-promotion needs. A series of learning workshops helped prevention workers stay on top of the latest developments in the field. This awareness week also resulted in communities working together to raise awareness about preventing drug and alcohol misuse.

A total of 38,961 clients received support and intervention. For youth, a total of 103 treatment modules were supported (89 beds, 9 youth spaces, 5 withdrawal management beds). Some key statistical measures comparing 1999 to 2000 that reflect ministry outcomes are summarized as follows:

- Rate of alcohol related deaths (15-18 years) declined over the previous year
  - 1999: 0.037 deaths per thousand
  - 2000: 0.018 deaths per thousand
- Rate of drug induced deaths among youths increased over the previous year
  - 1999: 0.009 deaths per thousand
  - 2000: 0.018 deaths per thousand
- There was a decline in the incidence of HIV (-1.9 per cent) and Hepatitis C (-14 per cent) and an increase in Hepatitis B (75 per cent: from 138 to 241 cases)
- Rate of alcohol related accidents involving youth decreased overall by about 3 per cent.

Strategy 2.2.1: Implement the suicide prevention strategy.

Performance Measures:

- Number of children and youth served through suicide prevention demonstration projects.
- Suicide rate for children and youth.
- Percent of students who report considering suicide.

Progress at Year's End:

The ministry has made suicide prevention a key priority and continues to work closely with experts at the Suicide Prevention Information and Resource Centre at UBC. This fiscal year the ministry funded seven suicide prevention demonstration projects throughout province, each designed to engage communities in developing their own local prevention strategies. An advisory committee is considering funding for phase II, demonstration projects with priority being given to Aboriginal communities and ministry regions not funded in the first phase. Underlying all of these efforts, the ministry continued to fine-tune the design of a comprehensive evaluation plan that enables long term tracking and monitoring. It is critical that effective measures become solidified in our communities because there are still 10 per cent of male students and 18 per cent of female students that consider suicide.

The numbers of children and youth served on these demonstration projects were:

• Generic skill building	580
• Peer group helping	107 direct (1,650 indirect)
• Suicide awareness and education	5,009
• School & community gatekeeper training	27
Total	5,723

The numbers of adults served on these demonstration projects were:

• Suicide awareness and education and community development	340
• School & community gatekeeper training	245
Total	585

Objective 2.2: To reduce suicide by children and youth.

Strategy 2.2.1: Implement the suicide prevention strategy.

Performance Measures:

- Number of children and youth served through suicide prevention demonstration projects.
- Suicide rate for children and youth.
- Percent of students who report considering suicide.

Progress at Year's End:

The ministry has made suicide prevention a key priority and continues to work closely with experts at the Suicide Prevention Information and Resource Centre at UBC. This fiscal year the ministry funded seven suicide prevention demonstration projects throughout province, each designed to engage communities in developing their own local prevention strategies. An advisory committee is considering funding for phase II, demonstration projects with priority being given to Aboriginal communities and ministry regions not funded in the first phase. Underlying all of these efforts, the ministry continued to fine-tune the design of a comprehensive evaluation plan that enables long term tracking and monitoring. It is critical that effective measures become solidified in our communities because there are still 10 per cent of male students and 18 per cent of female students that consider suicide.

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Total	585

Objective 3: **To reduce abuse, neglect and harm of children and youth**

Strategy 2.3.1: **Develop and support a child protection program that meets or exceeds the national child protection standards and is responsive to community needs.**

Performance Measures:

- Percent of audits in compliance with child protection standards.
- Number of delegated Aboriginal agencies.
- Rate of confirmed domestic child abuse and neglect.
- Rate of CIC mortality.
- Rate of children and youth charged with prostitution related offences.

Progress at Year's End:

A major focus of the ministry is to protect children and youth from abuse, neglect and harm and to continually work to determine the best interests of the child by focusing its attention on one child at a time. A model for assessing and planning for children in care, Looking After Children, will continue to be implemented over the next several years.

Of the 1,065 file audits conducted in 31 offices, over 80 per cent were in compliance with practice standards.

Eighteen Aboriginal agencies, representing 105 Aboriginal communities, have signed a delegation enabling agreement, thereby transferring to them the authority, from the ministry's director of child protection, to provide child welfare services.

In the past year over 89 per cent of the children and youth receiving child protection services remained at home.

A new Help Line number was introduced through an aggressive advertising campaign, outlining how children could now call direct from anywhere in the province at anytime to report neglect or abuse. This line averages about 25,000 calls per year. To ensure that youth had a stronger voice, a youth action advisory committee was created to keep the ministry informed of issues that affect the quality of life for youth in care.

A comprehensive report entitled Children and Youth in Care: An Epidemiological Review of Mortality, British Columbia, April 1974 to March 2000, was produced by the Office of the Provincial Health Officer with input from the ministry and laid the groundwork for follow-up research that will help establish priority programs and services. It will serve to set meaningful targets for future performance plans. It showed a general trend of declining mortality rates for children and youth in care (CYIC) but pointed out several significant factors, including that Aboriginal children and special needs children were over-represented in the caseload.

Strategy 2.3.2: Build, maintain and enhance the capacity and quality of the foster family program.

Performance Measures:

- Number of children and youth in care in foster homes.
- Turnover rate in foster homes.
- Unplanned replacement rate.
- Confirmed reports of neglect and abuse of CYICs in foster care.

Progress at Year's End:

Foster family care homes provide out-of-home living arrangements in family settings for children in care. Foster family care homes provide alternate parenting to children and support important relationships of children to their family and community.

The ministry continues to enhance mandatory foster parent training to help ensure that children unable to live with their families will receive the best possible care. Offered through 16 colleges in 25 communities across the province, the program is the first of its kind in Canada using this adult education model. It covers a broad range of topics including information on child and youth development, recognizing abuse and neglect, Aboriginal children in care, substance misuse and suicide awareness.

To help ensure the best quality care, the ministry also increased monthly foster care payments by a minimum of 10 per cent. This money covers expenses for foster children including food, clothing, recreation, transportation and education. The goal was to ensure that foster parents have sufficient financial resources to meet present and future cost-of-living increases. Approximately $106 million was invested last year to serve more than 6,000 families and 6,100 children and youths (61.8 per cent of total children in care, an increase of 2.5 per cent over 1999).

The turnover rate of foster homes for 1999-2000 was 6.78 per cent, about the same as the previous year. This measure will be refined in accordance with the national Client Outcomes in Child Welfare Project, of which the ministry is a contributing member.

Strategy 2.3.1: Develop and support a child protection program that meets or exceeds the national child protection standards and is responsive to community needs.

Performance Measures:

- Percent of audits in compliance with child protection standards.
- Number of delegated Aboriginal agencies.
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Progress at Year's End:

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Strategy 2.3.3: Provide services that ensure the ministry's guardianship responsibilities are adequately fulfilled.

Performance Measures:

- Compliance performance for completed audits related to guardianship.
- Number of CYICs with current plans of care.
- Number of plans of care in compliance with the regulations.
- Educational outcomes for CYICs

Progress at Year's End:

Under the Child, Family and Community Service Act, children may come into care because they need protection or because their families voluntarily request support. While a child is in care, the ministry has a parental duty to act in his or her best interests.

The ministry had an average compliance rate of 74 per cent related to guardianship practice standards (349 audited files from 31 offices). Because of the low proportion of children in care informed of their rights – 69 per cent – the ministry developed specific tools to assist in communicating with this audience. Age specific tools to help inform children and youth of their rights included a colouring book and video. Significant gains were made in developing compliant, current plans of care for children and youth in continuing custody. In 2000 there were 54 compliant plans compared to 20 in 1999 that were reviewed by the Children's Commissioner. The ministry is working with the Ministry of Education and the Children's Commission to determine how to best measure educational outcomes. The measure is being further refined to conform to the national Client Outcomes in Child Welfare Project.

Strategy 3.1.1: To develop in partnership with the service sector, a framework to guide current and future community living services. Introduce improvements to community living services.

Performance Measures:

> Partnership implemented to support the development of a community living framework.

> Development of a strategic plan for community living.

> Number of clients with individual service plans.

> Number of new, innovative living arrangements in the community or being piloted.

> Number of joint placements of individuals with developmental disabilities and significant health requirements.

> Average length of stay of adults with developmental disabilities in tertiary care facilities.

> Number of options available to adults with developmental disabilities moving from family homes.

> Number of successful initiatives resulting from implementation of the Adult Guardianship Act.

Progress at Year's End:

The Community Living for Adults program provides the following services:

- Assists adults to live as independently as possible in the community.
- Involves the community in planning and delivery of services.
- Increases public support for community inclusion.
- Increases families' participation in planning.
- Improves inter-ministry coordination.
- Manages service contracts and provides greater sense of partnership by service providers and continues to develop community support networks.

The Community Living Action Committee, a steering group for the Community Living for Adults program, developed a mission, vision and priorities for community living services. The ministry endorsed eligibility based on the committee's recommendations.

Strategy 2.3.3: Provide services that ensure the ministry's guardianship responsibilities are adequately fulfilled.

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Objective 3.1: To increase the success of adults with developmental disabilities living in the community

Strategy 3.1.1: To develop in partnership with the service sector, a framework to guide current and future community living services. Introduce improvements to community living services.

Performance Measures:

> Partnership implemented to support the development of a community living framework.

> Development of a strategic plan for community living.

> Number of clients with individual service plans.

> Number of new, innovative living arrangements in the community or being piloted.

> Number of joint placements of individuals with developmental disabilities and significant health requirements.

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The Community Living Action Committee, a steering group for the Community Living for Adults program, developed a mission, vision and priorities for community living services. The ministry endorsed eligibility based on the committee's recommendations.

The ministry worked with the Ministries of the Attorney General and Health to develop a comprehensive plan for adults with dual diagnosis and for mentally disordered offenders. It established a provincial steering committee with community and ministry membership. Nine regional implementation consultants were hired to manage the projects and to provide liaison with regional and community advisory councils. Seven central project leaders and a community projects manager were also hired. All of the projects are underway with ministry and community sector input and participation. An evaluation framework has been drafted.

In November 2000, the ministry began three pilot projects as part of its funding for adults with developmental disabilities living with elderly parents – equity housing, individualized family support and emergency respite. All the pilot projects will soon be evaluated. Options that are available to adults with developmental disabilities and are moving from their family homes include family model homes, staffed residences and semi-independent living. A day program was introduced in Fort Nelson that helped adults with developmental disabilities learn job and daily living skills, find jobs and then supported them on the job.

A total of 8,655 files were opened for adults with developmental disabilities. Of those, 5,352 were clients in residential services. Personal service plans are being developed for each client with over 6,000 plans completed. The ministry is reviewing the process to increase the numbers of those that are up-to-date. The ministry worked with the Ministry of Health to make 21 joint placements of individuals with developmental disabilities who had significant health requirements. The average length of stay of clients in tertiary care facilities was reduced from 7.8 months in 1999 to 6.5 months in 2000.

Strategy 3.1.2: To introduce improvements to community living services.

Performance Measures:

See strategy 3.1.1

Progress at Year's End:

Parents who care for their adult children received an increase in support services of $7.5 million. Many of these parents are aging and find it difficult to take care of their adult children in their homes. The funds were designed to reduce wait lists for a range of community services including home support, activity programs, training and subsidized relief for family caregivers and residential care.

To help community social service providers buy or improve much-needed facilities, an interest free loan program was introduced. Eligible facilities included residences for care of adult children, activity centres for people with disabilities, residences or facilities to support people with addictions and youth justice and mental health services.

Objective 4.1: To reduce youth involvement in crime.

Strategy 4.1.1: Implement changes to the Young Offenders Act.

Performance Measures:

- Number of youth in custody.
- Number of youth under community supervision.
- Rate of youth in custody.
- Rate of youth charged with violent offences.
- Percentage of youth who are repeat offenders.

Progress at Year's End:

A new federal Act has been under development for a lengthy period of time and will replace the Young Offenders Act. The Youth Criminal Justice Act includes:

- Increased emphasis on informal interventions, restorative justice, and community-based alternatives to custody for non-violent offences.
- Stronger measures for serious violent and violent offenders.
- Increased emphasis on treatment and rehabilitation in community and custody settings.

In the last fiscal year, the average daily population of youth in custody was 290, while another 3,924 were under community supervision. This represented a youth in custody (12-17 years) per capita rate of 9.0 per 10,000 youth. In this age category which is the lowest per capita rate in the country, violent offences increased slightly from 0.79 per cent in 1999 to 0.81 per cent in 2000. The percentage of youth who were repeat offenders was 73.1 per cent for community admissions and 98.2 per cent for sentenced custody admissions.

In the last fiscal year, the ministry implement new violence intervention and treatment programs comprised of:

- A psycho-educational cognitive skills intervention program which will be available in most major communities.
- Comprehensive forensic psychiatric treatment programs in outpatient clinics in the lower mainland and other major centres.
- 5 additional youth probation officer violent offender specialist positions
- Comprehensive forensic psychiatric treatment programs in custody centres in Prince George and the lower mainland.

As well, the ministry funded new intensive support and supervision programs in smaller communities in the Northern, Cariboo/Thompson and Kootenay regions.

The ministry worked with the Ministries of the Attorney General and Health to develop a comprehensive plan for adults with dual diagnosis and for mentally disordered offenders. It established a provincial steering committee with community and ministry membership. Nine regional implementation consultants were hired to manage the projects and to provide liaison with regional and community advisory councils. Seven central project leaders and a community projects manager were also hired. All of the projects are underway with ministry and community sector input and participation. An evaluation framework has been drafted.

In November 2000, the ministry began three pilot projects as part of its funding for adults with developmental disabilities living with elderly parents – equity housing, individualized family support and emergency respite. All the pilot projects will soon be evaluated. Options that are available to adults with developmental disabilities and are moving from their family homes include family model homes, staffed residences and semi-independent living. A day program was introduced in Fort Nelson that helped adults with developmental disabilities learn job and daily living skills, find jobs and then supported them on the job.

A total of 8,655 files were opened for adults with developmental disabilities. Of those, 5,352 were clients in residential services. Personal service plans are being developed for each client with over 6,000 plans completed. The ministry is reviewing the process to increase the numbers of those that are up-to-date. The ministry worked with the Ministry of Health to make 21 joint placements of individuals with developmental disabilities who had significant health requirements. The average length of stay of clients in tertiary care facilities was reduced from 7.8 months in 1999 to 6.5 months in 2000.

Strategy 3.1.2: To introduce improvements to community living services.

Performance Measures:

See strategy 3.1.1

Progress at Year's End:

Parents who care for their adult children received an increase in support services of $7.5 million. Many of these parents are aging and find it difficult to take care of their adult children in their homes. The funds were designed to reduce wait lists for a range of community services including home support, activity programs, training and subsidized relief for family caregivers and residential care.

To help community social service providers buy or improve much-needed facilities, an interest free loan program was introduced. Eligible facilities included residences for care of adult children, activity centres for people with disabilities, residences or facilities to support people with addictions and youth justice and mental health services.

Strategy 4.1.1: Implement changes to the Young Offenders Act.

Performance Measures:

- Number of youth in custody.
- Number of youth under community supervision.
- Rate of youth in custody.
- Rate of youth charged with violent offences.
- Percentage of youth who are repeat offenders.

Progress at Year's End:

A new federal Act has been under development for a lengthy period of time and will replace the Young Offenders Act. The Youth Criminal Justice Act includes:

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- Stronger measures for serious violent and violent offenders.
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As well, the ministry funded new intensive support and supervision programs in smaller communities in the Northern, Cariboo/Thompson and Kootenay regions.

Strategy 5.1.1: To establish ministry policy and procedures to guide the equitable allocation and efficient use of financial resources to support ministry direct service delivery.

Performance Measures:

- Policy and funding formula for the allocation of regional budgets.
- Implementation of utilization management strategy.
- Consistent financial services across ministry offices based on consistent funding standards.

Progress at Year's End:

The ministry completed a policy and funding formula for the allocation of regional budgets and put in place regional models to help predict demand for service for children. Ten of the 11 regional financial managers and 18 of 22 regional financial officers have been hired. The Financial Services Branch now provides data to the regions on a monthly basis.

The Community Services and Program Support Division is managing a newly implemented utilization management strategy. This strategy is designed to enhance the service and placement alternative for each child in care, at the right time and for the right length of time. The child and youth resource untilization management strategy has five components. They are the prevention and reduction in the number of children in care, an increase in adoption, an increase in the number of foster homes available, increased Aboriginal placements for Aboriginal children and placement review committees who will adopt a best practices approach to enhance placement service for children and youth.

Strategy 5.1.2: To develop, promote and implement human resource strategies that promote and support a stable, representative, healthy and safe workforce within an organizational health framework.

Performance Measures:

- Occupational health and safety program and policies implemented to protect employees at work.
- Attendance awareness policies that provide a framework for consistent application of absence prevention and return to work planning.
- Recruitment initiatives implemented to fill ministry positions throughout British Columbia with emphasis on child welfare vacancies in hard to recruit to locations.
- Recruitment techniques to ensure appropriate match of applicant and position.
- Targeted recruitment of individuals from employment and equity designated groups.
- Implementation of the ministry's multicultural action plan.
- Fully functioning staff mentoring program.
- Development of a ministry-wide organizational health strategy.
- Development of an organizational assessment tool to gauge the impact of ministry policies on the workplace.
- Fully functioning Occupational Safety and Health Committees in each office.
- Reduce the number of occupational health and safety incidents reported in ministry offices.

Progress at Year's End:

The ministry's human resources development approach features the following:

- Focuses on the overall successful functioning and alignment of the ministry and services sector.
- Promotes and supports organizational health initiatives and fosters a culture of learning, leadership and strong management practices.
- Also provides assistance and resources for regions to undertake planning, implementation and evaluation of organizational health initiatives.

The ministry took a number of significant steps this fiscal year to help ensure a healthy, representative and safe work environment for employees. An organizational health strategy was developed and occupational safety and health committees were established in each region and at headquarters. The ministry adopted an organizational health assessment tool to gauge the impact of ministry policies on the workplace. It also developed and implemented ergonomic plans throughout ministry offices. A new manual entitled Managing Health Related Absences was developed and distributed regionally. It was also posted on an occupational safety and health website. Over 200 managers,

GOAL 5: To support the achievement of the ministry's goals through innovative and responsive corporate programs.

Objective 5.1: To continue to improve a ministry infrastructure that supports the service delivery system.

Strategy 5.1.1: To establish ministry policy and procedures to guide the equitable allocation and efficient use of financial resources to support ministry direct service delivery.

Performance Measures:

- Policy and funding formula for the allocation of regional budgets.
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supervisors and staff in all regions, received training on this subject and baseline statistics were developed to monitor future progress.

The ministry's multicultural action plan was implemented and regional diversity advisor positions were created. One year mentoring agreements, that further developed the staff-mentoring program, were signed by 146 participants.

The ministry implemented the northern recruitment and retention initiative to address worker shortages. That resulted in 74 child protection workers re-committing to remain in the north, the recruitment of seven new workers and five lateral transfers of child protection workers into the north. Additionally, the ministry developed an employee development initiative to help qualified ministry employees to become child protection workers.

Significant advancements were made in key human resources areas. Absences due to short-term illness or injury were reduced by about 4 per cent over last year. Staff turnover rates were lower than in the previous year in the following categories:

> Regular employees: 10 per cent lower turnover rate.

> Regular Social Program Officers: 25 per cent lower turnover rate.

> Regular Child Protection Workers: 38 per cent lower turnover rate.

Efforts to increase workers in under-represented target groups were very successful over the past year.

> 9 per cent increase in visible minorities in 2000 over 1999.

> 10 per cent increase in Aboriginal people in 2000 over 1999.

> 5 per cent decrease in persons with disabilities in 2000 over 1999.

> Percentage of women remained the same in 2000 as in 1999. (71 per cent of all ministry personnel).

The new policy on violence in the workplace, prevention and working alone, risk assessments, the identification of hazards and increased awareness at the local level, all helped in reducing orders from the Workers Compensation Board over the past year. The overall orders went from 84 in 1999 to just 26 in 2000, including those with violence going from 23 to 8.

Strategy 5.1.3: Develop and deliver training programs directly related to the business functions of the ministry.

Performance Measures:

- Training plans implemented based on established position competencies and ministry priorities.
- Number of training days provided.
- Number of improvements made to strengthen the pre-employment education and training and post-employment programs.
- Number of training programs provided to staff that meet position competencies.
- Post-secondary programs developed that meet job entry requirements into the ministry.
- Training is aligned to the guiding principles and business objectives and priorities of the ministry.
- Reduced losses as a result of increased employee security awareness.

Progress at Year's End:

The branch strategy reflects the goals of the ministry and integrates the priorities of headquarters with the educational needs as identified by regional staff. The ministry established position competencies for all practice areas and will continue to develop competency based training plans for any new training required.

In the 2000/01 fiscal year, staff attended 2,258 training offerings. Each staff member, on average, attended approximately three learning events that included, ministry-developed offerings, post-secondary courses, conferences, seminars and workshops. Non-employees accessed an additional 23,000 days of ministry training. Non-employee training includes pre-employment programs, foster parent education and training for agency staff required by the ministry.

Nine post secondary institutions now participate in the child welfare specialization program. The sessions began in September 2000 with full implementation planned for September 2001. Graduates will be available for hire by the spring of 2002. Pending the full implementation of the child welfare specialization program, the ministry moved temporarily to a post-employment model for new child protection workers. Course offerings based on staffing needs are aimed at hard-to-recruit areas. They continue to support a collaborative relationship across ministry divisions and with the post-secondary community.

Security has become of paramount concern for all government agencies. Work has begun on developing a security information and education strategy using the ministry's website. Combined with physical changes to higher risk offices identified through a RiskWatch survey, the ministry was able to control security risks and reduce losses.

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Strategy 5.1.4: Provide expert advice on issues relating to the health and well being of children.

Performance Measures:

- Provincial Children's Health Officer position established
- Provincial Health Advisory Committee established

Progress at Year's End:

In January 2001, Dr. J. Fraser Mustard, an internationally renowned health and policy expert, was appointed as Advisor to the Children's Health and Development Office for the province. This followed the establishment of a Provincial Health Advisory Committee to provide direction and input. The Children's Health and Development Office will take a leadership role in the development of policy related to the health of children. It will remain current on developments in child health and the social and other factors that may affect the health of children.

Strategy 5.1.5: Provide directions and support on the implementation of consistent contracting practices throughout the province.

Performance Measures:

- Number of agency development sites who are preparing for accreditation.
- Number of continuing agreements.
- Contracting policy and changes implemented to improve effectiveness and efficiency.
- Number of accredited agencies.
- Percentage of agency contracts with continuing agreements.
- Reduce the number of contracts.
- Contractors know what is expected of them.
- Contract performance can be evaluated.

Progress at Year's End:

Through contract reform, existing multiple contracts will be combined into one umbrella contract with specific service and funding arrangements contained within component schedules. The umbrella contract may be a continuing agreement (open-ended) or a client

service agreement (fixed term). The continuing agreement supports a long-term relationship between the parties and is designed to maintain continuity of service to the majority of clients.

The total number of contracts has not decreased significantly but changes in the number of contracts for individual agencies in the contract reform project continue to decrease as more agencies get continuing agreements. New contracts have greater clarity in deliverables, policies and standards, outcomes and reporting. They set down the guidelines within which the contractors must operate in delivering services much more clearly than before. This makes it possible to assess whether the services were provided according to the contract.

Accreditation is one way to examine the extent to which an organization that agrees to provide services on behalf of government is providing them – specifically, whether service delivery meets specified standards of practice. It involves comparing an organization's actual performance with existing industry standards of operation. Recognizing this, the ministry introduced accreditation requirements for its largest contracted agencies. Two accrediting bodies were recognized as having the appropriate standards for ministry work. This gave contractors the option of choosing between the Commission on the Accreditation of Rehabilitation Facilities (CARF) or The Council on Accreditation of Children and Family Services (COA).

To date there are 165 contracted agencies in the process of earning accreditation for the first time. Seventeen agencies have been accredited and several agencies, previously accredited for substance misuse treatment, were temporarily allowed to have that designation lapse in order to prepare for accreditation of the total agency.

The ministry has been able to negotiate continuing agreements with 20 existing contractors. Negotiations are underway with another 130 agencies. This practice of accreditation will allow for better quality and continuity of services to clients, efficient administration and supervision for the ministry and cost efficiency and business stability for contractors.

Strategy 5.1.6: Continue to develop and implement the ministry's performance management system.

Outputs:

- Establishment of ministry Performance Management Advisory Committee.
- Ministry Performance Management Plan developed and implemented.
- Audits and reviews completed or are in progress.
- Progress report on population outcomes.
- Client satisfaction of ministry services.
- Number of complaints resolved through the ministry's complaint tracking system.
- Improved co-ordination of the ministry's quality assurance activities.
- Best practices are shared and implemented.

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Progress at Year's End:

During the past fiscal year the ministry implemented a Performance Management Plan. It has completed a comprehensive inventory of the divisional and program areas' performance management activities for 2000/01 and those planned for 2001/02. It also established a Performance Management Advisory Committee that is responsible for coordinating overall quality assurance activities as part of the ministry's performance work plan. Other significant activities regarding the performance management system include producing a second edition of Measuring Our Success, a framework for measuring population health.

The ministry has a best practices procedure in place and is participating in the executive financial officer's best practice initiatives. It has also completed 10 internal audits and reviews as well as 31 Child Protection Division audits. These have resulted in operational changes that will aid the division in becoming more client-centred and efficient. One hundred and ten complaints have been resolved through the complaint tracking system.

Strategy 5.1.7: Continued implementation of the ministry's information management plan.

Performance Measures:

- Ministry's STEP 1 Project implemented to renew the entire ministry's computer infrastructure.
- Development of a new contract management system and consolidated client view.
- Intranet site (MCF Connect) established for ministry staff.
- On-line data warehouse implemented.
- Formation of a strategic partnership with service partners to support a sector- wide approach to information management.
- Faster and more efficient delivery of services.
- More effective tracking of high-risk families.
- Streamlined contract administration.

Progress at Year's End:

Technological advancements to improve services and operations were important factors in the ministry meeting its mandate. The ministry's STEP 1 Project, to renew the entire computer infrastructure, was completed and an intranet site for ministry staff was set up with expanded content for many divisions, branches and projects. Development of the intranet site made it possible to provide faster and more efficient services, specifically e-forms that allow for the eventual completion and routing of all forms on-line. Finally, as part of the ministry's information management plan, the design of an integrated client registry, to more effectively track high risk families, was completed.

Strategy 5.1.8: Continuous improvement in effectively managing the ministry's assets and capital investments.

Performance Measures:

- Ministry's annual long term capital plan and capital project requests.
- Development of 2000/01 capital projects.
- Policy, standards and procedures related to the development and property management of special needs housing.
- Implementation of amendments to the Human Resource Facility Act.
- Implementation of the ministry's Asset Management Plan.
- Policy and standards for office accommodation, vehicles and assets.
- Cost savings and cost avoidance regarding management of ministry assets.
- Client satisfaction and understanding regarding asset management processes and outputs.

Progress at Years' End:

The ministry was responsible for the completion of many capital projects during the past year. These included: Lakeview Youth Custody Centre (upgrade), construction of new Prince George addictions facility, construction on youth addictions day treatment facility in Fort St. John and Community Living group home projects in Smithers, Kelowna and Victoria. Several projects were in the planning or site acquisition stages.

In addition to these capital projects, the ministry completed an updated draft of major housing policies and procedures and implemented amendments to the Human Resource Facility Act. An improved inventory of ministry funded Provincial Rental Housing Corporation properties was developed, including data needed to conduct an aged accounting of these facilities. Policy and standards development centred on ministry office accommodation, furniture and equipment and vehicle management (including intranet strategy).

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Strategy 5.1.9: To implement a comprehensive security and safety program.

Performance Measures:

- Staff awareness of policies and procedures to protect the assets and other resources.
- Reduction in workplace violence.
- Reduced loss of government assets.

Progress at Year's End:

Concerted effort on security and safety issues this fiscal year resulted in the ministry realizing significant cost savings, reduced loss of assets and improved worker and client safety. Several process improvements demonstrated innovation and efficiency in asset management. A process to regularly track cost savings and cost avoidance in managing ministry assets demonstrated nearly $9 million in cost savings. A reduction in violence in the workplace was also realized throughout the year – 65 critical incidents were reported, of which 66 per cent were violence related. All regions received emergency preparedness training and have completed regional emergency exercises.

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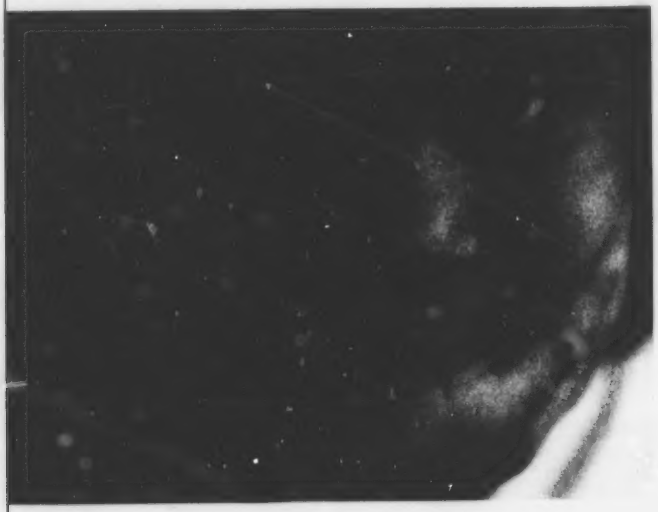

Financial Summary

1999/00 AND 2000/01

PROGRAM AREA	1999/00 BUDGET ('000)	1999/00 EXPENSES ('000)	2000/01 BUDGET ('000)	2000/01 EXPENSES ('000)
Minister's Office	$ 453	$ 471	$ 545	$ 521
Corporate Services	$ 59,671	$ 58,989	$ 42,817	$ 44,003
Community Services & Program Support	$1 ,256,449	$1,290,568	$1,457,593	$1,455,241
Program Delivery	$ 237,724	$ 241,739	$ 264,979	$ 274,455
School Based Programs	$ 42,585	$ 44,772	$ 45,098	$ 44,125
Public Health Services	$ 76,120	$ 74,184	$ 79,670	$ 76,275
Services to Aboriginal Clients	$ 11,875	$ 11,650	$ 12,625	$ 13,305
Youth Services	$ 17,948	$ 16,178	$ 16,581	$ 19,503
Child & Youth Mental Health Services	$ 39,436	$ 37,151	$ 39,115	$ 41,620
Family Support	$ 80,690	$ 73,567	$ 87,037	$ 81,475
Adoption Services	$ 3,098	$ 2,666	$ 3,899	$ 3,326
Youth Justice Programs/Services	$ 35,864	$ 34,572	$ 42,967	$ 42,642
Children in Care	$ 179,118	$ 196,262	$ 207,217	$ 203,894
Addiction Services	$ 49,478	$ 47,372	$ 54,800	$ 64,963
Services for Children and Families	$ 536,212	$ 538,375	$ 589,010	$ 591,129
Willow Clinic	$ 4,622	$ 6,259	$ 5,146	$ 4,982
Residential Services	$ 256,907	$ 276,460	$ 328,180	$ 327,571
Training and Support	$ 95,263	$ 99,636	$ 124,470	$ 114,710
Special Needs Children Services	$ 43,018	$ 43,343	$ 51,594	$ 49,069
Special Needs Family Support	$ 24,801	$ 25,615	$ 32,137	$ 28,023
CIC (Special Needs)	$ 26,265	$ 27,779	$ 30,663	$ 32,717
Supported Child Care (was SN Day Care)	$ 31,637	$ 31,362	$ 31,414	$ 32,585
Community Living Services	$ 482,513	$ 510,454	$ 603,604	$ 589,657
Total MCF Operations	$ 1,316,573	$1,350,028	$1,500,955	$1,499,764
MCF Capital Expenditures	$ 10,600	$ 10,599	$ 23,239	$ 22,412
Human Services Providers Financing	$ 7,900	$ 1,542	$ 7,900	$ (243)
Program Disbursements / (Recoveries)				
Full Time Equivalents (FTEs)	4,692	4,682	4,996	4,814

Recoveries	1999/2000 TOTAL	2000/2001 TOTAL
From Federal Government	$ 65,753	$ 77,239
Others	$ 9,110	$ 16,235
Total	$ 74,863	$ 93,474

Appendix A

PERFORMANCE CHARTS

Strategy 1.1.1: Integrate evidence based promotion, prevention and early support approaches into ministry policies, and to service delivery where appropriate.

Performance Measures	Year-end status (rates are calendar-year based)		Comment
Rate of infant and child mortality per 1,000	1999	2000	• Infant/child mortality (1-14) decreased over the previous year. • Youth mortality (5-18), at the same time increased slightly.
– infant	3.70	3.68	
– child (1-4)	0.17	0.14	
– child (5-14)	0.12	0.10	
– child (15-18)	0.49	0.55	
Rate of low birth weight babies per 1000 live births	1999 47.5	2000 51.04	The rate of low birth weight babies increased slightly over the previous year.
Overall rate of SIDS deaths per 1000 live births	1999 0.2	2000 0.25	Rate of SIDS deaths increased slightly over the previous year.
Number of Aboriginal SIDS deaths	1997 10	2000 0	Aboriginal SIDS deaths declined dramatically over the last three years.
Rate of newborns born with FAS per 1000 live births	1999 0.12	2000 0.02	Aboriginal SIDS deaths declined dramatically over the last three years.

Strategy 1.2.2: Develop a child and youth mental health policy framework.

Child and youth suicides per 1,000	1999	2000	• The child suicide rate (10-14) increased over the previous year. • The youth suicide rate (15-18) declined slightly. • Child and youth suicide rates vary greatly from year to year.
– 10-14	0.008	0.02	
– 15-18	0.07	0.065	

Strategy 1.2.3: Continue to provide early intervention and support service for children and their families.

Number of public health services received	• 45,000 preventive dental health services (0 to 6 years) • 19,000 hearing / audiology services • 3,500 speech and language pathology

Strategy 1.3.2: . Implement youth agreements.

Number of staff who received youth agreement training	• 217 staff received training. • 14 field staff were trained to deliver ongoing youth agreement training regionally.	
Number of youth agreements implemented	• 161 actively in place • 111 either under development or finished	
Number of youth receiving supports by type	• Large portion of 272 youth had contracted ongoing youth support workers connected to their youth agreements. • Developed a reporting mechanism model for an inventory of Youth Services province-wide.	Developing evaluation collection tools to measure the supports received through Youth Agreements and Youth Supported Independent Living Program.
Agencies that provide youth agreement services	33 ministry offices	
Number of high risk youth reunited with their parents	Beginning province-wide Youth Services inventory.	Audit in fall of 2001 will show how many youth returned home through the youth agreement process.
Number of high risk youth who have made positive lifestyle changes	Developing evaluation data collection tools to measure the effects that Youth Agreements and the Youth Supported Independent Living Program had on involved youth.	Assumption that 272 youth who were or will be involved with youth agreements will benefit from positive changes to life situation.

Strategy 2.1.1: Further enhance a policy framework to guide the ministry's approach to substance abuse issues.

Number of alcohol and drug residential beds for youth	• 89 youth beds • 9 youth spaces • 5 withdrawal management beds accessible to youth in predominantly adult facilities			
Number of clients receiving substance abuse services	• 38,961 total clients served.			Active clients include all admitted into an Addiction Services program who have not yet been discharged.
Rate of alcohol related deaths 15-18 years per 1000		1999 (rates are calendar-year based)	2000	• Rate of alcohol related deaths among youths declined over the previous year. • Rate of drug induced deaths among youths increased over the previous year. • Short term changes of these two rates are volatile due to small numbers.
		0.037	0.018	
Rate of drug induced deaths per 1000		1999 (rates are calendar-year based)	2000	
15 to 18 years		0.009	0.018	
Reduced incidence of HIV and Hepatitis B and C	HIV	(1999)	(2000)	Change
		427	419	-1.9%
	Hepatitis B	Mar-00	Mar-01	75%
		138	241	
	Hepatitis C	Mar-00	Mar-01	-14%
		422	362	
	rates are based on calendar year			
Rate of alcohol and other drug related accidents	# of Alcohol Related Collisions			
	Category	1999	2000	%
	Property	2258	2172	-3.8
	Injury	2139	2104	-1.6
	Deaths	89	81	-9.0
	Total	4486	4357	-2.9
	Data obtained from the Research Unit of ICBC rates are based on calendar year			

Strategy 3.1.1: To develop, in partnership with the service sector, a framework to guide current and future community living services. Introduce improvements to community living services.

Performance Measures	Year-end status (April – Mar 31, 2001 unless otherwise noted)	Comment
Number of clients receiving services	March 2001 • 8655 open files • 5352 clients in residential services	Systems entry improving
Number of clients with individual service plans	6012 Personal Service Plans (as at mid-year)	Doing a review to streamline the personal planning process and increase the number of up-to-date plans.
Joint placements of individuals with developmental disabilities and significant health requirements	• 21 placements. • Data collection still underway	Ministry of Health and this ministry agreed to take the issue forward jointly.
Average length of stay of adults with developmental disabilities in tertiary care facilities	1999: 7.8 months 2000: 6.5 months	Doing a review to streamline the personal planning process and increase the number of up-to-date plans.

Objective 4.1: To reduce youth involvement in crime.

Performance Measures	Year-end status (April – Mar 31, 2001 unless otherwise noted)			Comment
	Average daily count 1999/2000	2000/2001	% change	
Number of youth in custody	329.6	289.9	–12.05%	• The percentage of youth charged with violent offences increased slightly over previous year.
Number of youth under community supervision	4,431	3,924	–11.44%	• The average daily count of youth under community supervision decreased over the previous fiscal year by nearly 12%.
Rate of youth in custody per 10,000 (12–17)	10.34	9.09	–12.02%	• The rate of youth in custody per 10,000 youth age 12–17 year old declined over the previous fiscal year by 12%.
Rate of youth (12–17) charged with violent offences	1999 (calendar-year based)	2000		• The percentages of youth charged with violent offences increased slightly over previous year.
	0.79%	0.81%		
Rate of youth who are repeated offenders among:	Average daily count 1999/2000	2000/2001	% change	
• Community admissions	68.7%	73.1%	6.52%	• The percentage of youth who are repeated offenders admitted to the Community Services increased by 6.5% over the previous fiscal year.
• Sentenced custody admissions	94.8%	94.9%	0.10%	• The percentage of youth who are repeated offenders among the Sentenced custody admissions increased marginally over the previous fiscal year.

Strategy 5.1.2: To develop, promote and implement human resource strategies that promote and support a stable, representative, healthy and safe workforce within an organizational health framework.

Decrease in short term absences due to illness or injury	4% reduction in rate of short term absences due to illness or injury from 1999/00 to 2000/01	
Decrease in turnover rates within the ministry	• Turnover among all regular employees (5.3%) is 10% lower than last fiscal year (5.9%). • Turnover among regular Social Program Officers (6.0%) is lower than last fiscal year (8.0%) • Turnover among all regular Child Protection Workers (7.1%) is lower than last fiscal year (11.5%)	
Increased representation of under-represented target groups	• 9% increase in visible minorities in 2000 over 1999 • 10% increase in Aboriginal people in 2000 over 1999 • 5% decrease in persons with disabilities in 2000 over 1999 • Percentage of women remained the same in 2000 as in 1999	• Over 71% of ministry staff are women. • Data is from January 2000 to January 2001.
Reduce number of Occupational Health and Safety incidents reported in ministry offices	• 26 Workers Compensation Board orders in 2000/01 - 8 were for violence. • 84 Workers Compensation Board orders in 1999/00 -23 were for violence • Implemented Violence in the Workplace Prevention and Working Alone policy.	The new policy along with risk assessments and identification of hazards and increased awareness at local level reduced the Workers Compensation Board orders received over the past year.

Appendix B

GLOSSARY OF PERFORMANCE PLANNING AND REPORTING TERMS

Annual performance report: A ministry document, required by the Budget Transparency and Accountability Act (BTAA), to be tabled in the Legislature by June 30 every year. This report may contain information normally found in a traditional annual report, with the additional requirement that a ministry's performance in meeting its goals and targets is emphasized in the document. The document must link directly back to the ministry's performance plan. The annual performance report for 2000/01 will be the first iteration to replace the traditional annual report style.

Business area: A set of key activities or programs or budget areas related to the purpose, role and mandate of the ministry. Most ministries will have three-to-five key business or program areas; larger ministries may have more.

Efficiency measure: Measuring the relationship between the amount of input (usually dollars or employee-years) and the amount of output or outcome of an activity or program.

Full-time equivalent (FTE): The equivalent of one person working 1,827 hours in one year.

Goal: Goals are the long-term ends that the ministry (or a business or program area) wants to achieve in fulfilling its mandate and mission. Goals must be realistic and achievable.

Input measure: A measure of the amount of resources (dollars and FTEs) used to undertake a function.

Objectives: Objectives are concise, realistic, results-oriented statements of what a ministry or program achieves in the short-term on the way to accomplishing its goals. Objectives must be stated in a way that clearly communicates what is to be achieved and measured or assessed, and by when.

Outcome measure: Measuring the results and consequences or changes in conditions, behaviours or attitudes that indicate progress in achieving a program's or ministry's mission and goals. Outcomes may be immediate, ultimate, or somewhere in-between.

Output measure: A measure of the level of service provided by a program (i.e., what and how much came out of a program or service). The measurable unit can be a number, percentage or ratio.

Performance measure: A performance measure (sometimes referred to as an indicator) can be used to indicate the degree of success a ministry has in achieving its goals and objectives. When a measure has a specific numeric value attached to one aspect of the performance under consideration, it is then typically referred to as a performance indicator.

Performance plan: A plan that describes a ministry's purpose or mission, its direction or vision, its goals and objectives, the operational strategies it will use to achieve those objectives, and how it will know if it has been successful (i.e., through the use of performance measures and targets).

Performance target: Targets express pre-set, quantifiable performance levels to be attained at a future date.

Program: A set of activities with clearly defined, dedicated resources and measurable objectives that are coherent and consistent.

Result: A consequence, issue or outcome of an action or series of actions. Often used synonymously with "outcome" and/or "output."

Strategic context: The strategic context of a performance plan provides high-level information that describes where a ministry is now. It usually includes a ministry's vision, mission, values and environmental scan.

Strategic plan: The high-level, government-wide corporate document that outlines the government's vision, mission, values and key priorities for the medium to long term.

Strategies: Strategies are the actions that describe how objectives are to be achieved. Other terms used to describe strategies are programs, projects, initiatives and activities, among others.